

**MULTIPLE DEPENDENT CLAIMS  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 570)**

SERIAL NO.  
**10519208**  
APPLICANT(S)

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL OFF.		10			
TOTAL		10			
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TOTAL NO.					
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